

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

It should be noted that States can select one or more options in imposing cost sharing (including co-payments, co-insurance, and deductibles) and premiums.

A. For groups of individuals with family income above 100 percent but at or below 150 percent of the FPL:

1. Cost sharing

a. ___/ No cost sharing is imposed.

b. ___/ Cost sharing is imposed under section 1916A of the Act as follows [specify the amounts by group and services (see below)]:

Group of Individuals	Type of Charge				
	Item/Service	Deductible	Co-insurance	Co-payment	*Method of Determining Family Income (including monthly or quarterly period)

*Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.

Attach a schedule of the cost sharing amounts for specific items and services and the various eligibility groups.

TN No. 11-012

Supersedes

TN No. 08-015

Approval Date APR 19 2012

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b. ☒ Cost sharing is imposed under section 1916A of the Act as follows [specify the amounts by group and services (see below)]:

Group of Individuals	Type of Charge					*Method of Determining Family Income (including monthly or quarterly period)
	Item/Service	Deductible	Co-insurance	Co-payment		
Medically Needy Children under age 19, who have met a spenddown. [1902(a)(10)(C)] Children 6 - 18 with incomes above 100 through 150% of the official Federal income poverty line. [1902(a)(10)(A)(ii)(XIV)]	Refer to Attachments 4.18-A & 4.18-C	None	None	Refer to Attachments 4.18-A & 4.18-C		

*Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.

Attach a schedule of the cost sharing amounts for specific items and services and the various eligibility groups.

TN No. 08-006
Supersedes
TN No. New

Approval Date DEC 16 2008

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

b. Limitations:

- The total aggregate amount of cost sharing and premiums imposed under section 1916A for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly and quarterly basis as specified by the State above.
- Cost sharing with respect to any item or service may not exceed 10 percent of the cost of such item or service.

c. No cost sharing will be imposed for any of the following services:

- Services furnished to individuals under 18 years of age that are required to be provided Medicaid under section 1902(a)(10)(A)(i), and including services furnished to individuals with respect to whom aid and assistance is made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of such title, without regard to age.
- Preventive services (such as well baby and well child care and immunizations) provided to children under 18 years of age, regardless of family income.
- Services furnished to pregnant women, if such services relate to the pregnancy or to any other medical condition which may complicate the pregnancy.
- Services furnished to a terminally ill individual who is receiving hospice care, [as defined in section 1905(o) of the Act].
- Services furnished to any individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs.
- Emergency services as defined by the Secretary for the purposes of section 1916(a)(2)(D) of the Act.
- Family planning services and supplies described in section 1905(a)(4)(C) of the Act.
- Services furnished to women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.

d. Enforcement

1. ☒ / Providers are permitted to require, as a condition for the provision of care, items, or services, the payment of any cost sharing.
2. ☐ / (If above box selected) Providers permitted to reduce or waive cost sharing on a case-by-case basis.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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3. State payments to providers must be reduced by the amount of the beneficiary cost sharing obligations, regardless of whether the provider successfully collects the cost sharing.
4. States have the ability to increase total State plan rates to providers to maintain the same level of State payments when cost sharing is introduced.

2. Premiums

No premiums may be imposed for individuals with family income above 100 percent but below 150 percent of the FPL.

B. For groups of individuals with family income above 150 percent of the FPL:

1. Cost sharing amounts

- a. ☐ / No cost sharing is imposed.
- b. ☐ / Cost sharing is imposed under section 1916A of the Act as follows [specify amounts by groups and services (see below)]:

Type of Charge

Group of Individuals	Item/Service	Deductible	Co-insurance	Co-payment	*Method of Determining Family Income (including monthly or quarterly period)

*Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.

Attach a copy of the schedule of the cost sharing amounts for specific items and the various eligibility groups.

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2. Premiums

No premiums may be imposed for individuals with family income above 100 percent but below 150 percent of the FPL.

B. For groups of individuals with family income above 150 percent of the FPL:

1. Cost sharing amounts

a. ☐/ No cost sharing is imposed.

b. ☒/ Cost sharing is imposed under section 1916A of the Act as follows [specify amounts by groups and services (see below)]:

Group of Individuals	Item/Service	Type of Charge		Co-payment	*Method of Determining Family Income (including monthly or quarterly period)
		Deductible	Co-insurance		
Standard Plan Infants, with incomes above 150 up to 200% of the official Federal income poverty line. [1902(a)(10)(A)(ii)(IX)]	Refer to Attachments 4.18-A & 4.18-C	None	None	Refer to Attachments 4.18-A & 4.18-C	
Benchmark Plan Newborns who are deemed eligible under 1902(e)(4) and were born to women with family incomes of 200 to 300% of the Federal income poverty line, whose eligibility was determined under 1902(a)(10)(A)(ii) or 1902(a)(10)(C). Infants with incomes from 200 through 300% FPL of the official Federal income poverty line. [1902(a)(10)(A)(ii)(IX)]	Refer to Attachment 4.18-F, Pages 8 - 10	Refer to Attachment 4.18-F, Pages 8 - 10	None	Refer to Attachment 4.18-F, Pages 8 - 10	

*Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.

Attach a copy of the schedule of the cost sharing amounts for specific items and the various eligibility groups.

TN No. 08-025
Supersedes
TN No. 08-006

Approval Date DEC 15 2009

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

b. Limitations:

- The total aggregate amount of all cost sharing and premiums imposed under section 1916A for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly or quarterly basis as specified by the State above.
- Cost sharing with respect to any item or service may not exceed 20 percent of the cost of such item or service.

c. No cost sharing shall be imposed for any of the following services:

- Services furnished to individuals under 18 years of age that are required to be provided Medicaid under section 1902(a)(10)(A)(i) of the Act, and including services furnished to individuals with respect to whom aid and assistance is made available under part B of title IV to children in foster care, and individuals with respect to whom adoption or foster care assistance is made available under part E of such title, without regard to age.
- Preventive services (such as well baby and well child care and immunizations) provided to children under 18 years of age regardless of family income.
- Services furnished to pregnant women, if such services relate to the pregnancy or to any other medical condition which may complicate the pregnancy.
- Services furnished to a terminally ill individual who is receiving hospice care (as defined in section 1905(o) of the Act).
- Services furnished to any individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs.
- Emergency services as defined by the Secretary for the purposes of section 1916(a)(2)(D) of the Act.
- Family planning services and supplies described in section 1905(a)(4)(C) of the Act.
- Services furnished to women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

d. Enforcement

Applies only to: i. Newborns who are deemed eligible under 1902(e)(4) and were born to women with family incomes of 200 to 250% of the Federal income poverty line, whose eligibility was determined under 1902(a)(10)(A)(ii) or 1902(a)(10)(C); ii. Infants with incomes from 200 through 250% of the official Federal income poverty line, under 1902(a)(10)(A)(i)(IX).

1. X/ Providers are permitted to require, as a condition for the provision of care, items, or services, the payment of any cost sharing.
2. X/ (If above box selected) Providers permitted to reduce or waive cost sharing on a case-by-case basis.
3. State payments to providers must be reduced by the amount of the beneficiary cost sharing obligations, regardless of whether the provider successfully collects the cost sharing.
4. States have the ability to increase total State plan rates to providers to maintain the same level of State payments when cost sharing is introduced.

2. Premiums

- a. / No premiums are imposed.
- b. / Premiums are imposed under section 1916A of the Act as follows (specify the premium amount by group and income level.

Group of Individuals	Premium	*Method for Determining Family Income (including monthly or quarterly period)

*Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.

b. Limitation:

- The total aggregate amount of premiums and cost sharing imposed for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly or quarterly basis as specified by the State above.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

d. Enforcement

Applies only to groups with incomes above 200% FPL, listed in Benchmark Plan:

1. X/ Providers are permitted to require, as a condition for the provision of care, items, or services, the payment of any cost sharing.
2. X/ (If above box selected) Providers permitted to reduce or waive cost sharing on a case-by-case basis.
3. State payments to providers must be reduced by the amount of the beneficiary cost sharing obligations, regardless of whether the provider successfully collects the cost sharing.
4. States have the ability to increase total State plan rates to providers to maintain the same level of State payments when cost sharing is introduced.

2. Premiums

- a. / No premiums are imposed.
- b. X/ Premiums are imposed under section 1916A of the Act as follows (specify the premium amount by group and income level.

Group of Individuals	Premium	*Method for Determining Family Income (including monthly or quarterly period)
Infants with incomes from 200 - 300% FPL 1902(a)(10)(A)(ii)(IX)	200 up to 230% FPL - \$10 Above 230 up to 240% FPL - \$15 Above 240 up to 250% FPL - \$23 Above 250 up to 260% FPL - \$31 Above 260 up to 270% FPL - \$41 Above 270 up to 280% FPL - \$52 Above 280 up to 290% FPL - \$63 Above 290 up to 300% FPL - \$76 300% FPL - \$90.74	

*Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.

Attach a schedule of the premium amounts for the various eligibility groups.

b. Limitation:

- The total aggregate amount of premiums and cost sharing imposed for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly or quarterly basis as specified by the State above.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

c. No premiums shall be imposed for the following individuals:

- Individuals under 18 years of age that are required to be provided medical assistance under section 1902(a)(10)(A)(i), and including individuals with respect to whom aid or assistance is made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of such title, without regard to age.
- Pregnant women.
- Any terminally ill individual receiving hospice care, as defined in section 1905(o).
- Any individual who is an inpatient in a hospital, nursing facility, intermediate care facility, or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs.
- Women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.

d. Enforcement

1. X / Prepayment required for the following groups of individuals who are applying for Medicaid: Infants with incomes from 200 - 250% FPL
2. X / Eligibility terminated after failure to pay for 60 days for the following groups of individuals who are receiving Medicaid: Infants with incomes from 200 - 250% FPL
3. / Payment will be waived on a case-by-case basis for undue hardship.

C. Period of determining aggregate 5 percent cap

Specify the period for which the 5 percent maximum would be applied.

X / Quarterly / Monthly

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D. Method for tracking cost sharing amounts

Describe the State process used for tracking cost sharing and informing beneficiaries and providers of their beneficiary's liability and informing providers when an individual has reached his/her maximum so further costs are no longer charged.

Notices of Decision will include a section that informs recipients of the maximum amount that their families will have to contribute as a share of the cost of SCHIP/Medicaid benefits they are receiving. This maximum will be no more than 5% of their countable income. For families who also owe premiums, the cap will be adjusted to reflect the amount after the premiums have been subtracted from the 5% cap amount. Changes in income that are sufficient to cause a change in the 5% cap will result in a Notice of Decision being sent with the new maximum. The Notices of Decision will include instructions for the recipients to keep track of their co-payments and deductibles and to contact their worker when the family's co-payments and deductibles in a quarter add up to the amount of their cap. The worker will flag the case so that new medical status codes for the family members will be transmitted to the fiscal agent. Those codes will update the Medicaid Management Information System (MMIS) which alerts providers to not charge co-payments.

Also describe the State process for informing beneficiaries and providers of the allowable cost sharing amounts.

The State informs providers and members (beneficiaries) of allowable cost sharing amounts via Provider Updates and member Enrollment and Benefits booklet.

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STATE PLAN UNDER TITLE X, F THE SOCIAL SECURITY ACT
State/Territory: Wisconsin

Attachment 8-F
Page 8

BadgerCare Plus - Benchmark Plan		
Service/Item	Copayment	Deductible
Ambulance Services	\$50 co-payment per trip.	n/a
Chiropractic Services	\$15 co-payment per visit.	n/a
Dental Services	50% of allowable charges as defined by DHFS for preventive, diagnostic, simple restorative, periodontics, and extractions for pregnant women and children only.	A \$200 deductible applies to all services except preventive and diagnostic. There is a coverage limit of \$750 per year. The deductible does not apply to preventive and diagnostic services.
Disposable Medical Supplies	\$0.50 co-payment per item.	n/a
Drugs	\$5 co-payment with no limits.	n/a
Durable Medical Equipment	\$5 co-payment per item. Co-payment is capped at \$2,500 of paid amount in an enrollment year.	n/a
	Rental items are not subject to co-payment but count toward the \$2,500 cap.	
Enhanced Pregnancy-Related Services (care coordination, health education, preventive mental health and substance abuse screening)	No co-payment.	n/a
Family Planning Services and Supplies	No co-payment.	n/a
Health Screenings (EPSDT) for Children under age 21 years.	No copayment.	n/a
Home Health Services	\$15 co-payment per visit.	n/a
Hospice Services	No copayment.	n/a

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STATE PLAN UNDER TITLE XL OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

Attachment 4.18-F
Page 9

Service/Item	BadgerCare Plus - Benchmark Plan		Deductible
	Copayment		
Inpatient Hospital Services	\$100 per stay for medical stays		n/a
	\$50 co-payment per stay for mental health and/or substance abuse treatment		
Mental Health and Substance Abuse Treatment	\$10 to \$15 co-payment per visit for all outpatient services.		n/a
Nursing Home Services	No co-payment.		n/a
Outpatient Hospital Services	\$15 co-payment per visit (<i>multiple visits to the same provider in the same day will be treated as a single visit</i>)		n/a
	\$60 co-payment for emergency room visits (<i>waived if admitted to hospital</i>)		
Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST)	\$15 co-payment per visit per date of service.		n/a
Physician Services (including laboratory and radiology services)	\$15 co-payment per visit.		n/a
	No co-payment for preventive medicine and pregnancy-related services.		
	No co-payment for emergency services.		
	No copayment for clozapine management.		n/a
Podiatry Services	\$15 co-payment per visit.		n/a

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Service/Item	BadgerCare Plus - Benchmark Plan	Deductible
Vision Care Services	Copolyment \$15 co-payment per visit.	n/a
In addition, the following members/services are exempt from the co-payment requirement:	-- Pregnant women	
	-- Children receiving foster care or adoption assistance	
	-- Nursing home residents	
	-- Emergency services	
Providers are permitted to require, as a condition for the provision of care, items, or services, the payment of any cost sharing.		
Providers are permitted to reduce or waive cost sharing on a case-by-case basis.		